



<b>Name &amp; Middle Initial:</b>	<b>Home Phone:</b>
<b>Last Name:</b>	<b>Cell Phone or Text Only App:</b>
<b>Other Names Previously Gone By:</b>	<b>Email Address:</b>
<b>Address:</b>	<b>Name as Appears on SIN Card &amp; SIN Number:</b>
	<b>Date of Birth:</b>
<b>Emergency Contact:</b> <b>Relationship:</b> <b>Home Phone</b> <b>Cell Phone:</b> <b>Address:</b>	
<b>Referral Source:</b>	
<b>Health #:</b>	<b>Family Doctor/ Specialist:</b>  <b>Medication:</b>
<b>Is participant eligible for the EAPD Program? If you answered YES, please include the VT Number.</b>	<b>Aboriginal Ancestry:</b> <ul style="list-style-type: none"><li>• Registered On- Reserve,</li><li>• Registered Off- Reserve</li><li>• Non- Status</li><li>• Metis</li><li>• Inuit</li><li>• N/A</li><li>• Decline to Answer</li></ul>
<b>Is the participant a Visible Minority?</b>  YES  NO	
<b>Formal Diagnosis/Self Diagnosis/ Special Conditions: (please list your primary disability first followed by any additional disabilities.) Please attach any additional or supportive documents that may assist the Employment Counsellor in providing employment services to the participant.)</b>	

**What is participants current employment status? When was the last time the participant has worked?  
(please include wage and number of hours worked per week).**

<b>Criminal Record</b>	<b>Yes:</b>	<b>No:</b>	<b>Restrictions</b>	<b>Yes:</b>	<b>No:</b>
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**Restrictions:**

<b>Child Care Arrangements</b>	<b>No:</b>	<b>Yes Details:</b>
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**Is the participant being supported through any other agencies? If yes, please list types of services and or supports:**

**Support Worker:  
Phone Number:  
Email:**

<b>Social Assistance</b>	<b>Yes:</b>	<b>No:</b>	<b>EIA Worker &amp; Phone Number:</b>
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**EIA Number:**

**Additional Information:**

<b>Transportation</b>	<b>Driver's License</b>	<b>Yes:</b>	<b>No:</b>	<b>Own a Vehicle</b>	<b>Yes:</b>	<b>No:</b>
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<b>Use Bus</b>	<b>Yes:</b>	<b>No:</b>	<b>Additional Information:</b>
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<b>High School Diploma</b>	<b>Yes/ No</b>	<b>Highest Grade Completed:</b>	<b>Modified:</b>	<b>Yes/ No</b>	<b>Location:</b>
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**Resume? If Yes, please attach.**

<b>Work Experience:</b>		<b>Duties:</b>
<b>Company:</b>		
<b>Position:</b>		
<b>From:</b>	<b>To:</b>	
<b>Reason For Leaving:</b>		
<b>Work Experience:</b>		<b>Duties:</b>
<b>Company:</b>		
<b>Position:</b>		
<b>From:</b>	<b>To:</b>	
<b>Reason For Leaving:</b>		
<b>Has there been a Vocational Assessment?</b>		
<b>Initial Vocational Goals:</b>		
<b>Request for Services:</b>		
<b>Case Manager:</b>		<b>Participant:</b>
<b>Employment Counsellor:</b>		<b>Intake/ Day Program Coordinator:</b>
<b>Date:</b>		

